

Statement of Elected/Appointed Officer

(Please type or print legibly)

Ι

I Philip Huang, MD, MPH	do solemnly swear (or affirm) that I
	id, offered, promised to pay, contributed, or promised to
	value, or promised any public office or employment for
	te at the election at which I was elected or as a reward to
secure my appointment or confirm	mation, whichever the case may be, so help me God.
	Affianced Signature
	Philip Huang, MD, MPH
	Printed Name
	Health Authority
	Position to Which Elected/Appointed
	Austin/Travis County
	City and/or County
SWORN TO and subscribed before	me by affiant on this 15 day of February 2008.
	Camps howard
	Signature of Person Authorized to Administer
	Oaths/Affidavits
(Seal)	Printed Name
	Accountent Title
	Title



For Local Health Authorities in the State of Texas

I, Philip Huang, M	ID, MPH , do solemnly	swear (or affirm), that I
	the duties of the office of Health A	
	e best of my ability, preserve, p	•
	of the United States and of this State,	
	Affiant	
	15 Waller Street Austin, Texas	78702
	Mailing Address	ZIP
	(512) 972-5408	
	(Area Code) Phone Number (day and	evening)
	Philip.huang@ci.austin.tx.us Email Address	
SWORN TO and subscribe	ed before me this <u>15</u> day of <u>Febr</u>	Many, 20 <u>08</u> .
	Jennes L. Lund	
	Signature of Person Administering Oa	nth
	Charita L. Dull	
(Seal)	Printed Name	
	Accountment	
	Title	



Certificate of Appointment For a

Local Health Authority

I,	David Lurie		acting in the capacity as a
(Chec	k the appropriate designation below) X Non-physician and the Local Heal Mayor or Designee County Judge of Designee Chairperson of the Public Health		irector
by the	reby certify the physician, Philip Huse e Texas Board of Medical Examiners, was Austin and Travis County, Texas.	ang, MD, MPH duly appointed as	, who is licensed s the Local Health Authority
Date	term of office begins <u>April 7</u> , <u>200</u>	<u>8</u>	
Date	term of office ends <u>April 6</u> , <u>2010</u>	<u>),</u> unless removed	by law.
The I	Local Health Authority has been appointed a	and approved by	the:
(Chec	ck the appropriate designation below)		
	X_Director, Austin/Travis County H	lealth and Humai	Services Department
	X City Council for the City of	Austin, Texas	
	X_Commissioners Court for	<u>Travis</u>	County
	Board of Health for the		Public Health District
I cert	tify to the above information on this the	day of	
	Signature of appoin		



Statement of Elected/Appointed Officer

(Please type or print legibly)

contribute any money or thing of value the giving or withholding of a vote a	do solemnly swear (or affirm) that I offered, promised to pay, contributed, or promised to lue, or promised any public office or employment for the election at which I was elected or as a reward to ion, whichever the case may be, so help me God.
	Link Dasley ND
Ā	ffianced Signature
Li	nda Dooley, M.D.
Change Co.	inted Name
A	ternate Health Authority
	osition to Which Elected/Appointed
The state of the s	ustin/Travis County
Ci	ity and/or County
SWORN TO and subscribed before me	by affiant on this 15th day of fluruly 2003
	Mel Denise Estrale
	gnature of Person Authorized to Administer aths/Affidavits
(Seal)	Rachel, Denise Estrada
Rachel Denise Estrada Notary Public State of Texas My Commission Expires MAY 20, 2008	rinted Name Addy tle



For Local Health Authorities in the State of Texas

	O, do solemnly swear (or affirm), that I will	
•	ties of the office of Health Authority of the State of Texas	
	ability, preserve, protect, and defend the Constitution and and of this State, so help me God.	
laws of the United States	and of this State, so help me God.	
	toto Laoles MD	
	Affiant	
	4 F XX - II - C4 4 A - 4 - 7 C	
	15 Waller Street Austin, Texas 78702 Mailing Address ZIP	
	77441111g 17441 (55)	
	(512) 972-5459	
	(Area Code) Phone Number (day and evening)	
	Linda.dooley@ci.austin.tx.us	
	Email Address	
	the I	
SWORN TO and subscribed before me this 15 day of Flowary, 2008.		
Rachel Denise Estrada	Halhel Drusy 1 Still	
Notary Public State of Texas My Commission Expires	Signature of Person Administering Oath	
MAY 20, 2008	Rachel Denise Estrada	
(Seal)	Printed Name	
	Hotary	
	Title	



Certificate of Appointment For a

Local Health Authority

I,	David Lurie	, acting in the capacity as a
(Chec	ck the appropriate designation below) X Non-physician and the Local Health Dep Mayor or Designee County Judge of Designee Chairperson of the Public Health Distric	
Texas	reby certify the physician, <u>Linda Dooley, M.</u> s Board of Medical Examiners, was duly appoin stin and Travis County, Texas.	D. , who is licensed by the ted as the Local Health Authority for
Date 1	term of office begins April 7, 2008	en e
	term of office ends <u>April 6</u> , <u>2010</u> , unless <u>April 6</u> , <u>2010</u> , unless <u>April 6</u>	and the second s
(Chec	ck the appropriate designation below)	
	X_Director, Austin/Travis County Health a	and Human Services Department
	X City Council for the City of Au	stin, Texas
	X Commissioners Court for	<u>Travis</u> County
	Board of Health for the	Public Health District
I cert	tify to the above information on this the	lay of
	Signature of appointing of	



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(Please type or print legibly)

have not directly or indirectly par contribute any money or thing of the giving or withholding of a vo	do solemnly swear (or affirm) that I id, offered, promised to pay, contributed, or promised to value, or promised any public office or employment for te at the election at which I was elected or as a reward to nation, whichever the case may be, so help me God.
	Affianced Signature
	Edward MacLeod Racht, M.D. Printed Name
	Alternate Health Authority Position to Which Elected/Appointed
	Austin/Travis County City and/or County
SWORN TO and subscribed before	e me by affiant on this 25 day of telegraph 2008.
WILLIAM E. COLL Notary Public, State of Texas My Commission Expires December 16, 2009	Signature of Person Authorized to Administer Oaths/Affidavits Printed Name
	Notary Public, State of TX



For Local Health Authorities in the State of Texas

that I will faithfully exec of Texas and will to the	d Racht, M.D., do solemnly swear cute the duties of the office of Health Authority he best of my ability, preserve, protect, and the United States and of this State, so help me Company of the United States and Office States an	of the State defend the
	Affiant M. Mut My	
	517 South Pleasant Valley Austin, Texas 78702 Mailing Address ZIP	
	(512) 908-0001 (Area Code) Phone Number (day and evening)	
	Edward.racht@ci.austin.tx.us Email Address	
SWORN TO and subscribed	d before me this 25 day of Elvury,	20 <u>0</u> ♀.
	Mille	-
WILLIAM E COLL Notary Public State of Texas My Commission Expires (SEAT)embel 16, 2009	Signature of Person Administering Oath Printed Name	
	Notary Public, State of Texas	



Certificate of Appointment For a

Local Health Authority

I,	David Lurie	, acting in the capacity as a
(Checi	k the appropriate designation below) X Non-physician and the Local Health I Mayor or Designee County Judge of Designee Chairperson of the Public Health Dist	
the Te	reby certify the physician, <u>Edward MacL</u> exas Board of Medical Examiners, was duly ap stin and Travis County, Texas.	eod Racht, M.D, who is licensed by pointed as the Local Health Authority fo
Date t	term of office begins, 2008	
	erm of office ends <u>April 6</u> , <u>2010</u> , un	
	k the appropriate designation below)	
	X_Director, Austin/Travis County Healt	h and Human Services Department
	X City Council for the City of	Austin, Texas
	X Commissioners Court for	<u>Travis</u> County
	Board of Health for the	Public Health District
I cert	ify to the above information on this the	nui



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(Please type or print legibly)

contribute any money or thing of the giving or withholding of a v	do solemnly swear (or affirm) that I have not of value, or promised to pay, contributed, or promised to of value, or promised any public office or employment for ote at the election at which I was elected or as a reward to armation, whichever the case may be, so help me God.
	But Kutwef MD Affianced Signature
	Birch Kimbrough, M.D. Printed Name
	Alternate Health Authority Position to Which Elected/Appointed
	Austin/Travis County City and/or County
SWORN TO and subscribed before	re me by affiant on this day of <u>feb.</u> 20 <u>%</u> .
JACQUELINE JOHNSON-GARZA MY COMMISSION EXPIRES OCTOBER 12, 2010	Signature of Person Authorized to Administer Oaths/Affidavits Jacquellus Down - Garza Printed Name
	Admin. S HRAV



For Local Health Authorities in the State of Texas

	, M.D., do solemnly swear (or affirm), that I duties of the office of Health Authority of the State of
Texas and will to the	best of my ability, preserve, protect, and defend the
Constitution and laws of	Tench Kawlowy MD Affiant
	517 South Pleasant Valley Austin, Texas 78741 Mailing Address ZIP
	(512) 908-0043 (Area Code) Phone Number (day and evening)
	Birch.kimbrough@ci.austin.tx.us Email Address
SWORN TO and subscribed	before me this 27 day of february, 2008.
JACQUELINE JOHNSON-GARZA MY COMMISSION EXPIRES OCTOBER 12, 2010	Signature of Person Administering Oath
COF D	Jacqueline Johnson. Galza
(Seal)	Printed Name
	Admin S HRAU
	Title



Certificate of Appointment

Local Health Authority

I,	David Lurie		, acting in the capacity as a
(Chec	k the appropriate designation	below)	
,	X Non-physician and	the Local Health Departme	ent Director
	Mayor or Designee		
	County Judge of De		
	Chairperson of the	Public Health District	
do he	reby certify the physician, _	Birch Kimbrough, M	.D. , who is licensed by the
Texas	Board of Medical Examine	ers, was duly appointed a	s the Local Health Authority for
Au	stin and Travis County	, Texas.	
Date	term of office begins <u>Apr</u>	<u>ril 7, 2008</u>	
Date	term of office endsAr	<u>oril 6</u> , <u>2010</u> , unless rem	loved by law.
The I	Local Health Authority has be	een appointed and approve	d by the:
(Chec	ck the appropriate designation	below)	
	X_Director, Austin/T	ravis County Health and H	uman Services Department
	X City Council for th	ne City of Austin,]	Texas
	X Commissioners Co	ourt for <u>Trav</u>	is County
	Board of Health for	r the	Public Health District
I cert	iify to the above information (on this the day of	, 20
	· · · · · · · · · · · · · · · · · · ·	la, Clane	•
	Sign:	ature of appointing official	